



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 31 2023

BY 4704 ..
RS

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000104081		2. Exact name of the Corporation WALLCOVERING EXPRESS INC			
3. Principal Office Address 242 FRANCIS AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT PAINT AND WALL PAPER SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GERARD GIROUX			Vice-President Name NONE		
Street Address 242 FRANCIS AVENUE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name REGINA GIROUX			Treasurer Name GERARD GIROUX		
Street Address 242 FRANCIS AVENUE			Street Address 242 FRANCIS AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GERARD GIROUX			Director Name NONE		
Street Address 242 FRANCIS AVENUE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		250		Common Stock	None
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative GERARD GIROUX					Date 01/20/23
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov